

Safety Analysis and Plan

Case Name Mother Example	Case Number 9223401
Date of Safety Assessment and Plan	Worker Name Waukesha Worker

CHILD INFORMATION

Name (Last, First, Middle) Example, Child	Birthdate 08/15/2005
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PARENT / CAREGIVER INFORMATION

Name (Last, First, Middle) Example, Mother	Birthdate
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A. Safety Threat Description

Specifically describe the family conditions that support the safety threats identified. If any evaluations such as psychological, medical or AODA evaluations are needed to understand the conditions that affect safety, describe those here.

No adult in the home will perform parental duties and responsibilities.

Text

One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.

Text

B. Parent / Caregiver Protective Capacity

Can and will the non-maltreating parent or another adult in the home protect the child(ren)?

Yes No N/A

If you answered "Yes", describe how the parent's / caregiver's protective capacities can and will manage the identified safety threats. This justification demonstrates that the child is safe and no further safety intervention is needed. If you answer "No", continue with analysis and plan.

C. Analysis

1. An In Home Safety Plan is necessary to ensure safety of the child(ren) and control threats which would otherwise result in imminent risk of placement.

Yes **No**

2. Can in-home services work for this family?

Yes **No**

 The parents are willing for services to be provided and will cooperate with service providers.

 The home environment is calm enough for services to be provided and for the service providers to be in the home safely.

 Safety services that control all of the conditions affecting safety can be put in place without the results of any scheduled evaluations.

 Parents / caretakers are residing in the home.

3. Clearly outline what is needed for safety to be managed in order for the child to return home with an in-home safety plan.

4. Safety Services

The Identified Safety Threat and the associated Safety Service / Action Type, Safety Service Provider and the specific explanation of the safety service / action and how it will control the threat identified are listed below:

Identified Safety Threat

No adult in the home will perform parental duties and responsibilities.

Safety Service / Action Type

Basic Home Management

Safety Service Provider

Text

Describe the availability, accessibility and suitability of the safety service provider involved.

Text

Specifically explain the safety service / action and how it will control the threat identified.

Text

Identified Safety Threat

One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.

Safety Service / Action Type

Safety Service Provider

Supervision/Observation | Text

Describe the availability, accessibility and suitability of the safety service provider involved.

Text

Specifically explain the safety service / action and how it will control the threat identified.

Text

5. Can available resources keep the child(ren) safe in his / her home?

Yes **No**

 All needed services / activities exist.

 All needed services / activities / providers are currently available at the level / time required.

6. Describe how CPS will manage / oversee the safety plan, including communication with the family and providers.

D. Comments (Including Trial Reunification plan, if applicable, and any other pertinent information)

E. Signatures

SIGNATURE – Family Member

Date Signed

SIGNATURE – Family Member

Date Signed

SIGNATURE – Family Member

Date Signed

Waukesha Worker

Name – Worker

SIGNATURE – Worker

Date Signed

Waukesha Worker

Name – Supervisor

SIGNATURE – Supervisor

Date Signed